

**Proposed Rule**  
LSA Document #19-172

DIGEST

Adds [836 IAC 1-2.2](#) to add a new rule that creates a stroke field triage and transport destination protocol. Effective 30 days after filing with the Publisher.

[IC 4-22-2.1-5 Statement Concerning Rules Affecting Small Businesses](#)

**[836 IAC 1-2.2](#)**

SECTION 1. [836 IAC 1-2.2](#) IS ADDED TO READ AS FOLLOWS:

**Rule 2.2. Certification of Ambulance Service Providers - Stroke Field Triage and Transport Destination Protocol**

**[836 IAC 1-2.2-1 Purpose](#)**

Authority: [IC 16-31-2-9.5](#)

Affected: [IC 10-14-3-12](#); [IC 16-18](#); [IC 16-21-2](#); [IC 16-31-2-9.5](#); [IC 16-31-3](#); [IC 25-22.5-1-1.1](#); [IC 25-23-1-1.1](#)

Sec. 1. The purpose of this rule is to provide a regulatory plan to ensure that suspected stroke patients in the Indiana prehospital setting are transported to the most appropriate hospital based on field assessment by emergency medical services personnel.

*(Indiana Emergency Medical Services Commission; [836 IAC 1-2.2-1](#))*

**[836 IAC 1-2.2-2 Definitions](#)**

Authority: [IC 16-31-2-9.5](#)

Affected: [IC 10-14-3-12](#); [IC 16-18](#); [IC 16-21-2](#); [IC 16-31-2-9](#); [IC 16-31-3](#); [IC 25-22.5-1-1.1](#); [IC 25-23-1-1.1](#)

Sec. 2. The following definitions apply throughout this rule:

(1) "Hospital" means a hospital that is licensed under [IC 16-21-2](#) or another hospital, located in Illinois, Kentucky, or Michigan, that is licensed under a statute in that state that is substantially equivalent to [IC 16-21-2](#), or another hospital, located in Ohio that is legally operating under the laws of the state of Ohio and that provides substantially the same level of care as an Indiana hospital that is licensed under [IC 16-21-2](#).

(2) "Protocol" means a written guidance, prepared by the ambulance service provider organization's medical director, defining stroke treatment and destination procedures that shall be based on the findings of the stroke screening tool. Written protocols include protocols required for:

(A) ambulance service provider organizations in [836 IAC 1-2-1](#);

(B) nontransport provider organizations in [836 IAC 1-11-3](#);

(C) paramedic provider organizations in [836 IAC 2-2-1](#); and

(D) advanced emergency medical technician provider organizations in [836 IAC 2-7.2-1](#).

(3) "Stroke screening tool" means an evidence-based nationally recognized tool that is used by emergency medical services personnel to identify and evaluate a neurological defect a patient may have as it relates to a stroke. The following are acceptable evidence-based, nationally recognized tools that may be used:

(A) The Cincinnati Prehospital Stroke Scale (CPSS).

(B) FAST mnemonic (facial, arms, speech, time assessment).

(C) L.A. Stroke Severity Scale.

(D) The National Institutes of Health Stroke Scale (NIHSS).

(E) The Rapid Arterial Occlusion Evaluation (RACE) Stroke Scale.

(F) Other evidenced-based nationally recognized tools approved by the ambulance service provider organization's medical director.

*(Indiana Emergency Medical Services Commission; [836 IAC 1-2.2-2](#))*

**[836 IAC 1-2.2-3](#) Identification, transport, and treatment protocol**

Authority: [IC 16-31-2-9.5](#)

Affected: [IC 10-14-3-12](#); [IC 16-18](#); [IC 16-21-2](#); [IC 16-31-2-9](#); [IC 16-31-2-9.5](#); [IC 16-31-3](#); [IC 25-22.5-1-1.1](#); [IC 25-23-1-1.1](#)

Sec. 3. (a) Ambulance service provider organization and nontransport provider organization medical directors shall develop protocols that address the identification, transport destination determination, and treatment protocols specifically addressing stroke as part of the medical director responsibilities in creating protocols.

(b) After an emergency medical dispatch agency, through the process of emergency medical dispatch, determines the possibility of a stroke and notifies responding emergency medical services units, the emergency medical services crews shall then be dispatched per dispatch protocols.

(c) Upon emergency medical services personnel arrival at the scene of a patient with suspected stroke, an emergency medical services provider must perform and document the following:

- (1) An initial stroke assessment utilizing a stroke screening tool, as listed in section 2(2) of this rule and as approved by protocol.
- (2) Obtain a blood glucose, if available.
- (3) Identify and document time of last known well time and time of symptom discovery.

(d) If the patient screens positive for a stroke during the assessment with the initial stroke screening tool, the provider may then perform, if approved by protocol, an evidence-based nationally recognized Large Vessel Occlusion (LVO) Stroke Scale assessment, such as Rapid Arterial Occlusion Evaluation (RACE), Field Assessment Stroke Triage for Emergency Destination (FAST-ED), and Cincinnati Stroke Triage Assessment Tool (C-STAT).

(e) Patients determined to need stroke center care, by virtue of their stroke screening tool, shall be transported to an appropriate stroke capable hospital as determined by the provider organization's medical protocol, which shall consider the following:

- (1) Capability to administer tissue plasminogen activator (such as alteplase) accurately, promptly, and safely.
- (2) Nationally recognized evidence-based science.
- (3) Nationally recognized guidelines.
- (4) The list of available certified stroke centers published by the Indiana state department of health pursuant to [IC 16-31-2-9.5\(b\)](#).

*(Indiana Emergency Medical Services Commission; [836 IAC 1-2.2-3](#))*

**[836 IAC 1-2.2-4](#) Advance notification**

Authority: [IC 16-31-2-9.5](#)

Affected: [IC 10-14-3-12](#); [IC 16-18](#); [IC 16-21-2](#); [IC 16-31-2-9](#); [IC 16-31-3](#); [IC 25-22.5-1-1.1](#); [IC 25-23-1-1.1](#)

Sec. 4. Emergency medical services personnel shall provide early advance notification to the receiving facility whenever possible to allow appropriate activation of resources prior to patient arrival.

*(Indiana Emergency Medical Services Commission; [836 IAC 1-2.2-4](#))*

**[Notice of Public Hearing](#)**

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